



District of Columbia - Board Of Respiratory Care
Occupational and Professional Licensing

Respiratory Care Practitioner Job Description / Evaluation Form

Respiratory Care Practitioner _____

Social Security Number _____

has been employed at _____ for _____ years.
(PRINT FACILITY NAME)

GENERAL INSTRUCTIONS:

This form must be completed by the applicant's department manager/clinical director/ or immediate supervisor. Your signature under notary attests to the validity and accuracy of the information you provide for this applicant. Please be advised to be as candid and objective as possible so that an accurate assessment of the applicant's skills can be determined.

DIRECTIONS:

Please indicate the number which best satisfies the applicant's psychomotor skills.

Please use the number that corresponds to the following values:

1 = Yes 2 = No 3 = Not able to evaluate 4 = Not applicable at my facility

CHARACTERISTIC

1. Patient assessment includes the review of a patient history, physical history, physical examination, current vital signs, current admission and respiratory orders, patient progress notes, pulmonary function values, blood gas results, chest x-rays, and bedside respiratory monitoring.

a. Applicant is able to perform a thorough and detailed respiratory assessment based on the above description.	1	2	3	4
b. Applicant is able to determine appropriateness of the prescribed respiratory care plan, can recommend modifications where indicated, and can participate in the development of the respiratory care plan.	1	2	3	4
c. Applicant can perform and interpret results of procedures such as pulse oximetry, respiratory parameters, peak flows, blood gas analysis, tracheal tube cuff pressure, and bedside spirometry.	1	2	3	4
d. Applicant is able to make necessary modifications in therapeutic procedures and recommended respiratory care plan based on patient response.	1	2	3	4

2. Administration of therapeutic gases means that applicant has the ability to select, obtain, and assure cleanliness of equipment appropriate to the respiratory care plan. Applicant can assemble, check for proper function, and troubleshoot the following types of equipment:

Oxygen nasal cannula	1	2	3	4
Venturi mask	1	2	3	4
Simple mask	1	2	3	4
Partial/non-rebreather mask	1	2	3	4

Face tents	1	2	3	4
Bubble humidifier	1	2	3	4
Passover humidifier	1	2	3	4
Cascade humidifier	1	2	3	4
Tracheostomy collar and T-piece	1	2	3	4
Air entrainment devices	1	2	3	4
CPAP devices (mask and nasal)	1	2	3	4
Oxygen hoods and tents	1	2	3	4
Pneumatic nebulizers	1	2	3	4
Ultrasonic nebulizers	1	2	3	4

List below any other types of equipment unique to your facility that above applicant is able to operate.

	1	2	3	4
	1	2	3	4
	1	2	3	4
	1	2	3	4

3. Administration of bronchopulmonary hygiene means that the applicant can utilize therapeutic procedures to achieve maintenance of a patent airway, including the care of artificial airways, and to achieve removal of bronchopulmonary secretions.

a. Applicant is able to achieve removal of bronchopulmonary secretions by:				
Instructing and encouraging proper coughing techniques	1	2	3	4
Performing postural drainage	1	2	3	4
Performing percussion and/or vibration	1	2	3	4
Suctioning endotracheal and tracheostomy tubes	1	2	3	4
Performing nasotracheal or orotracheal suctioning	1	2	3	4
Administering aerosol therapy	1	2	3	4
Administering prescribed agents (bronchodilators, saline, mucolytic, etc.)	1	2	3	4
b. Applicant is able to achieve maintenance of a patient airway by:				
Positioning patient properly	1	2	3	4
Maintaining adequate humidification	1	2	3	4
Inserting oro- and nasopharyngeal airways	1	2	3	4
Maintaining proper cuff inflation and/or position of endotracheal or tracheostomy tube	1	2	3	4

4. Administration of bronchodilator therapy

a. Applicant is able to recommend and/or modify bronchodilator therapy based on patient's response.	1	2	3	4
b. Applicant is able to recommend discontinuation of any treatment based on patient's response.	1	2	3	4
c. Applicant is able to recommend changes in duration, dosage, and concentration of therapy	1	2	3	4
d. Applicant is able to recommend use of pharmacologic agents such as: bronchodilators, corticosteroid, cromolyn sodium, and antibiotics	1	2	3	4

5. Administration of emergency procedures by initiating, conducting, or modifying respiratory care techniques in an emergency setting

a. Applicant can recognize the need for emergency resuscitation.	1	2	3	4
b. Applicant can call for help.	1	2	3	4
c. Applicant can establish a patent airway.	1	2	3	4
d. Applicant can provide mouth-to-mouth, bag-mask ventilation, and/or mouth-to-valve mask ventilation.	1	2	3	4
e. Applicant can perform external cardiac compression.	1	2	3	4
f. Applicant can check for pulse.	1	2	3	4
g. Applicant can provide supplemental oxygen.	1	2	3	4
h. Applicant can observe chest excursion.	1	2	3	4
i. Applicant can recommend and perform arterial blood gas sample.	1	2	3	4

6. Administration of mechanical ventilation-the conduction of therapeutic procedues to achieve adequate spontaneous and artificial ventilation

a. Applicant can instruct in proper breathing techniques.	1	2	3	4
b. Applicant can encourage deep breathing.	1	2	3	4
c. Applicant can instruct and monitor proper techniques of incentive spirometry.	1	2	3	4
d. Applicant can initiate and adjust IPPB therapy.	1	2	3	4
e. Applicant can select the apporprate ventilator.	1	2	3	4
f. Applicant can select the appropriate tidal volume, rate, and/or minute ventilation for mechanical ventilation.	1	2	3	4
g. Applicant can institute and modify weaning procedures.	1	2	3	4
h. Applicant can institute and adjust continuous mechanical ventilation when settings are specified.	1	2	3	4
i. Applicant can initiate and adjust IMV, SIMV, pressure support (PSV).	1	2	3	4
j. Applicant can initiate and adjust CPAP.	1	2	3	4
k. Applicant can initiate and adjust PEEP therapy.	1	2	3	4
l. Applicant can adjust and check alarms systems on ventilators.	1	2	3	4
m. Applicant can note patient's response to mechanical ventilation.	1	2	3	4
n. Applicant can measure tidal volume, respiratory rate, i.e., ratio, and maximum inspiratory pressure.	1	2	3	4
o. Applicant can monitor and measure endotracheal and/or tracheostomy.	1	2	3	4
p. Applicant can modify changes in mechanical ventilator settings.	1	2	3	4
q. Applicant can extubate or assist with extubation of a patient from mechanical ventilation.	1	2	3	4

RELEASE (PLEASE SIGN IN THE PRESENCE OF A NOTARY PUBLIC)

I, _____, attest to the information I have provided as being an accurate assessment of the types of skills and clinical experience this respiratory care practitioner receives in this facility. I also attest that this applicant has been employed as a full-time respiratory care practitioner at the facility by the date indicated on page one (1).

Director's or Supervisor's Signature

Notary Date Submitted

Month

Day

Year

Sworn before me this _____ day of _____ , _____ .

Notary Signature

My commission expires _____